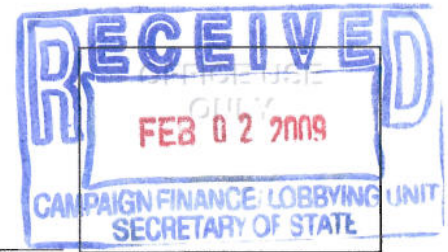


**FAXED**  
1-29-9



**CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS**

Name of Candidate RUDY WARNOCK  
Address PO Box 1623, CANTON MS County MADISON  
Telephone (Work) 601 855 2250 (Home) 601 906 6660 (Fax) 601 855 2599  
Contact Name RUDY WARNOCK Email Address \_\_\_\_\_  
Office Sought \_\_\_\_\_ Political Party \_\_\_\_\_

☐ Check here if above is different from previous report

**TYPE OF REPORT**

**• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •**

- \_\_\_\_ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
\_\_\_\_ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
X January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

**IMPORTANT**

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).  
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>-0-</u> + \$ <u>-0-</u>	\$ <u>-0-</u>	\$ <u>-0-</u>
Total amount of disbursements \$	<u>161.61</u> + \$	\$ <u>161.61</u>	\$ <u>161.61</u>
Total amount of cash on hand \$		<u>1205.37</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:**
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

RUDY WARNOCK

Reporting period

JAN 1, 2008

through

DEC 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name	AT + T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO BOX 105262	1/2/8	\$ 103.09
City, State, Zip Code	ATLANTA GA 30348	2/2/8	\$ 102.81
Purpose of Disbursement (Optional)	PHONE SVC	Aggregate Year-to-date	\$
B. Full name	US PS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		2/13/8	\$ 5.00
City, State, Zip Code	CANTON MS 39046	___/___/___	\$
Purpose of Disbursement (Optional)	RETURNED MAIL FEE	Aggregate Year-to-date	\$
C. Full name	AT + T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO BOX 105262	3/2/8	\$ 102.79
City, State, Zip Code	ATLANTA GA 30348	4/2/8	\$ 102.79
Purpose of Disbursement (Optional)	PHONE SVC	Aggregate Year-to-date	\$
D. Full name	LAMAR ADVERTISING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5551 Corp Blvd Ste 2A	3/11/8	\$ <486.00>
City, State, Zip Code	CANTON ROUTE LA 70808	___/___/___	\$
Purpose of Disbursement (Optional)	REKIND ON ADVERTISING	Aggregate Year-to-date	\$
E. Full name	AT + T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO BOX 105262	5/3/8	\$ 101.02
City, State, Zip Code	ATLANTA GA 30348	7/29/8	\$ 3.19
Purpose of Disbursement (Optional)	PHONE SVC	Aggregate Year-to-date	\$
F. Full name	AT + T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO BOX 105262	___/___/___	\$ <187.60>
City, State, Zip Code	ATLANTA GA 30348	___/___/___	\$
Purpose of Disbursement (Optional)	FINAL-REKIND AFTER TERMINATING PHONE SERV	Aggregate Year-to-date	\$

Name of Candidate or Committee

RUDY WARNOCK

Page

2

of

2

Reporting period

JAN 1 2008

through

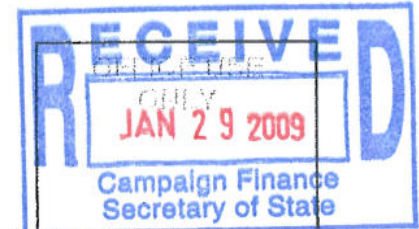
DEC 31, 2008

## ITEMIZED DISBURSEMENTS

A. Full name	COMCAST CABLE OF RANKIN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 105184	7/29/8	\$ 48.70
City, State, Zip Code	ATLANTA GA 30348	___/___/___	\$
Purpose of Disbursement (Optional)	FINAL-RE FUND TERMINATED CABLE	Aggregate Year-to-date	\$
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

2008 ELECTION CYCLE  
CPR - SS 08-01(b)

**CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS**



Name of Candidate RUDY WARNOCK  
Address PO Box 1623, CANTON MS County MADISON  
Telephone (Work) 601 855 2250 (Home) 601 906 6660 (Fax) 601 855 2599  
Contact Name RUDY WARNOCK Email Address \_\_\_\_\_  
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**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	0 + \$ 0	\$ 0	\$ 0
Total amount of disbursements \$	161.61 + \$	\$ 161.61	\$ 161.61
Total amount of cash on hand \$		1205.37	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

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2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 2

Name of Candidate or Committee

RUDY WARNOCK

Reporting period

JAN 1, 2008 through DEC 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name	AT + T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO BOX 105262	1/2/8	\$ 103.09
City, State, Zip Code	ATLANTA GA 30348	2/2/8	\$ 102.81
Purpose of Disbursement (Optional)	PHONE SVC	Aggregate Year-to-date	\$
B. Full name	US PS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		2/13/8	\$ 5.00
City, State, Zip Code	CANTON MS 39046	1/1/8	\$
Purpose of Disbursement (Optional)	RETURNED MAIL FEE	Aggregate Year-to-date	\$
C. Full name	AT + T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO BOX 105262	3/2/8	\$ 102.79
City, State, Zip Code	ATLANTA GA 30348	4/2/8	\$ 102.79
Purpose of Disbursement (Optional)	PHONE SVC	Aggregate Year-to-date	\$
D. Full name	LAMAR ADVERTISING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5551 Corp Blvd Ste 2A	3/11/8	\$ <486.00>
City, State, Zip Code	BAITON ROUGE LA 70808	1/1/8	\$
Purpose of Disbursement (Optional)	REFUND ON ADVERTISING	Aggregate Year-to-date	\$
E. Full name	AT + T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO BOX 105262	5/3/8	\$ 101.02
City, State, Zip Code	ATLANTA GA 30348	7/29/8	\$ 3.19
Purpose of Disbursement (Optional)	PHONE SVC	Aggregate Year-to-date	\$
F. Full name	AT + T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO BOX 105262	1/1/8	\$ <187.60>
City, State, Zip Code	ATLANTA GA 30348	1/1/8	\$
Purpose of Disbursement (Optional)	FINAL - REFUND AFTER TERMINATING PHONE SERV	Aggregate Year-to-date	\$

Page 2 of 2

Name of Candidate or Committee

RUDY WARNOCK

Reporting period

JAN 1 2008

through

DEC 31, 2008

## ITEMIZED DISBURSEMENTS

A. Full name	COMCAST CABLE OF RANKIN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO BOX 105184	7/29/08	\$ 28.70
City, State, Zip Code	ATLANTA GA 30348	— / — / —	\$
Purpose of Disbursement (Optional)	FINAL - REFUND TERMINATED CABLE	Aggregate Year-to-date	\$
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		— / — / —	\$
City, State, Zip Code		— / — / —	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		— / — / —	\$
City, State, Zip Code		— / — / —	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		— / — / —	\$
City, State, Zip Code		— / — / —	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		— / — / —	\$
City, State, Zip Code		— / — / —	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		— / — / —	\$
City, State, Zip Code		— / — / —	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$